# Frequently Asked Questions Therapy Services for School-Based Medicaid Reimbursement

This document is intended to answer commonly asked questions to assist schools and service providers in understanding procedural requirements related to service delivery, documentation, and provider types for Medicaid-reimbursable services. Schools are reminded that a student’s individualized education plan (IEP) must always be written for the student’s needs, regardless of qualifications for Medicaid reimbursement.

1. ***Must therapy services be provided in a one-one-one setting to be eligible for reimbursement?***

No, but the service must have been deemed medically necessary with a doctor’s order and those services must be documented in the student’s IEP. The IEP team is responsible for determining the frequency, duration, and location of services and those IEP determinations must be followed regardless of whether they qualify for reimbursement.

1. ***Are therapy services delivered in a general education setting (e.g., classroom, cafeteria, gym, etc.) billable?***

Yes. Services provided in a school setting, regardless of the location within the school, are billable; the only claim requirement is to indicate the place of service (POS) code. The POS code for services delivered in a school is 03. The IEP must indicate the frequency, duration, and location (i.e., general education, special education) and there must be a doctor’s order for the service.

1. ***If multiple students are served in a group, how are each student’s service times billed?***

Services should be billed for each individual student with coding to indicate the session was a group session. The provider should bill for the number of minutes per session for each individual whether it is in a 1:1 or group.

1. ***Can therapy assistants provide billable services?***

Yes. TennCare rules allow coverage for therapy assistants, however these services must be performed under the direct supervision of the qualified, in-network licensed therapist. These services are billed by the therapist. Both the supervising therapist and therapy assistant must be respectively licensed or registered with their professional board through the Tennessee Department of Health. TennCare MCOs define direct supervision as having the supervising therapist available and can be reached by personal contact, phone, pager, or other immediate or electronic means.

1. ***Can clinical fellows provide billable services?***

Yes*.* However, these services must be performed under the direct supervision of the qualified, in-network licensed therapist. These services are billed by the therapist. Tennessee Code Titles 63 and 68 requires provisional license. Managed Care Organizations (MCOs) are not recognizing provisional license. TennCare MCOs define direct supervision as having the supervising therapist available and can be reached by personal contact, phone, pager, or other immediate or electronic means.

1. ***What constitutes “under the supervision of a qualified, in-network licensed therapist”?***

The expectation is these services must be performed under the direct supervision of the qualified, in-network licensed therapist who supervises the therapy assistant. These services are only billed by the therapist. TennCare MCOs define direct supervision as having the supervising therapist available and can be reached by personal contact, phone, pager, or other immediate or electronic means.

1. ***Are consultation services listed within a student’s IEP billable?***

No. If the student is not present, the MCO will not reimburse the provider. No office consultation codes should be billed for IEP services.

1. ***Can therapy models such as speedy speech (short sessions delivered in frequent doses across a week) be billed?***

Yes. However, in order to bill for these services current, guidelines require the services to be provided in a minimum of 15-minute increments.

1. ***How do I document therapy that addresses both speech and language goals in the same session?***

The provider should bill for the number of minutes per session for each therapy area; however current guidelines require the services to be provided in a minimum of 15-minute increments.